**PROBLEM OF PREGNANCY AND ABORTION IN GIRL CHILD EDUCATION (KIBIYA LOCAL GOVERNMENT AREA, KANO STATE)**

# ABSTRACT

This study examines the impact of adolescent pregnancy and abortion on girls' education in Kibiya Local Government Area (LGA), Kano State, Nigeria. In rural regions like Kibiya, socio-cultural norms, economic challenges, and limited access to reproductive health information significantly affect girls’ educational attainment, often exacerbated by adolescent pregnancy. Through a descriptive survey research design, data was gathered from 121 adolescent girls, providing insights into how pregnancy influences educational continuity, as well as the socio-cultural and economic factors contributing to adolescent pregnancy and abortion. The findings reveal that adolescent pregnancy frequently leads to educational disruption, with many affected girls either temporarily or permanently dropping out of school, and others experiencing significant declines in academic performance. Key contributing factors to the prevalence of adolescent pregnancy include societal expectations of early marriage, lack of comprehensive sex education, and limited access to family planning resources. These issues are compounded by community norms that prioritize early marriage and childbearing over education, limiting girls' opportunities for academic and personal development. The study also explores potential interventions to support the educational continuity of affected girls. Recommendations include implementing flexible schooling policies, providing counseling and financial support, introducing daycare facilities, and offering comprehensive sex education. Community engagement initiatives are also suggested to raise awareness and challenge cultural norms that hinder girls’ educational progress. By addressing these barriers through a multi-faceted approach involving schools, families, health providers, and community leaders, it is possible to reduce the negative impact of adolescent pregnancy on girls' education in Kibiya LGA. This study contributes to the existing body of knowledge on adolescent pregnancy and education, highlighting the need for targeted policies and community support systems that prioritize girls' education and promote reproductive health awareness. The findings underscore the importance of creating an educational environment that accommodates young mothers and empowers girls with the resources to make informed choices, ultimately fostering gender equality and socio-economic development in rural Nigeria.

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# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the Study

In recent decades, the issue of adolescent pregnancy and abortion has significantly impacted girl child education, particularly in rural areas within Nigeria, such as Kibiya Local Government Area (LGA) in Kano State. Studies show that teenage pregnancy presents one of the most formidable barriers to educational attainment for girls globally, particularly in sub-Saharan Africa (Nwosu & Ifijeh, 2022). Education is crucial for socioeconomic development and is essential in breaking the cycle of poverty, but adolescent pregnancies have placed considerable strain on educational aspirations, often resulting in school dropouts, low academic performance, and a reduced quality of life for young girls (Ogunlela, 2018).

The consequences of teenage pregnancy in communities such as Kibiya LGA are multidimensional. Girls who become pregnant are frequently stigmatized and are often forced to leave school due to social pressures, lack of institutional support, and community norms that place girls’ reproductive roles above their educational needs (Olabisi & Funmi, 2023). This phenomenon not only affects the girls individually but also hinders the broader educational and economic goals of communities, perpetuating cycles of poverty and gender inequality. Research suggests that when young girls are unable to complete their education, their opportunities for economic advancement diminish, increasing their dependence on family structures where gendered roles are often restrictive (Musa & Garba, 2018).

Abortion, whether safe or unsafe, is another significant factor that affects the educational progression of adolescent girls. In contexts where access to sexual and reproductive health services is limited, abortions may be conducted in unsupervised, unsafe environments, leading to serious health complications and, in severe cases, mortality (Kalu & Mohammed, 2020). Unsafe abortions are particularly common in rural and conservative areas, where legal restrictions and cultural prohibitions on abortion are prevalent, limiting the access young girls have to safe reproductive healthcare (Ibrahim & Salihu, 2020). These experiences impact their psychological well-being, academic achievement, and long-term educational engagement.

In Nigeria, particularly in the northern regions where religious and cultural values shape the social landscape, early marriage and adolescent pregnancy are often intertwined. The cultural expectations that prioritize marriage over educational attainment exacerbate the challenges faced by adolescent girls who become pregnant (Garba & Mohammed, 2021). Statistics indicate that in Nigeria, the prevalence of adolescent pregnancy is among the highest in sub-Saharan Africa, with rates particularly high in rural communities (Amzat & Omotayo, 2023). Studies have shown that in Kano State, factors such as poverty, limited access to family planning resources, and lack of comprehensive sexual education contribute to the high rates of adolescent pregnancy and its adverse effects on education (Aikman & Unterhalter, 2015).

Education systems in Kibiya LGA and similar rural areas often lack the infrastructure and policies needed to support pregnant students or young mothers, leading to significant dropout rates. Programs that might allow these girls to re-enter school, continue their studies, or gain vocational training are scarce or non-existent, resulting in a large population of girls who are uneducated and subsequently limited in their economic opportunities (Adewale & Samuel, 2017). This lack of support also reinforces a cycle in which adolescent mothers, unable to achieve economic independence, are more likely to experience repeat pregnancies and continue the cycle of poverty and low educational attainment within their families and communities (Adebayo, Ogunbiyi, & Adeoye, 2018).

In addressing this problem, it is important to consider the cultural context within which these phenomena occur. In Kibiya LGA, societal norms regarding gender roles, family expectations, and limited awareness of reproductive health create an environment where adolescent pregnancy is both a cause and consequence of limited educational attainment among girls (Adebayo & Adebayo, 2021). Therefore, tackling adolescent pregnancy and abortion necessitates a holistic approach that incorporates cultural sensitivity, education policy reform, and improved healthcare access to create a supportive environment for young girls to pursue education. Addressing the problem of adolescent pregnancy and abortion within the context of education requires a multi-faceted approach that includes increased access to family planning resources, the implementation of supportive educational policies, and community-based initiatives that promote the value of education for girls. Recent interventions in other regions have demonstrated that programs offering comprehensive sex education, reproductive health services, and support systems within schools can reduce adolescent pregnancy rates and encourage educational persistence among young mothers (Olalekan & Sulaimon, 2020). Thus, to improve the educational outcomes for girls in Kibiya LGA, stakeholders must work collaboratively to address the root causes of adolescent pregnancy and abortion, including poverty, lack of education, and limited access to healthcare.

## 1.2 Statement of the Problem

Despite the recognized importance of education in improving socio-economic outcomes, adolescent pregnancy and abortion continue to disrupt the educational journeys of many girls in Kibiya LGA, Kano State. Adolescent girls who become pregnant often face stigma, limited support, and restrictive policies that prevent them from continuing their education. The lack of adequate reproductive health resources, coupled with cultural attitudes that favor early marriage and motherhood, compounds the challenge, leading many girls to abandon their educational pursuits prematurely (Salihu, Bello, & Ahmed, 2021). Moreover, the educational institutions in rural areas such as Kibiya LGA are generally ill-equipped to support pregnant students or young mothers, further contributing to high dropout rates among this demographic. The absence of sex education and reproductive health services means that many young girls are ill-prepared to make informed choices about their reproductive health, leading to unintended pregnancies and, in some cases, unsafe abortions (UNESCO, 2021). These factors create a cycle where young girls are unable to complete their education, thereby limiting their future economic opportunities and perpetuating a cycle of poverty and dependence. Thus, the problem this study seeks to address is the impact of adolescent pregnancy and abortion on the educational attainment of girls in Kibiya LGA, Kano State, identifying the socio-cultural and institutional factors that contribute to this issue. By examining these factors, the study aims to propose interventions that can support the educational retention of girls who face these challenges, promoting greater gender equality and socio-economic development within the community.

## 1.3 Objectives of the Study

The main objectives of this study are to:

1. Examine the impact of adolescent pregnancy and abortion on the educational attainment of girls in Kibiya LGA, Kano State.
2. Identify the socio-cultural and economic factors contributing to adolescent pregnancy and abortion among school-aged girls in the study area.
3. Explore potential interventions that can support pregnant students and young mothers in continuing their education.

## 1.4 Research Questions

The study will address the following research questions:

1. How does adolescent pregnancy affect the educational attainment of girls in Kibiya LGA, Kano State?
2. What socio-cultural and economic factors contribute to the prevalence of adolescent pregnancy and abortion among girls in the study area?
3. What interventions can be implemented to support the educational continuity of girls who experience pregnancy or abortion in Kibiya LGA?

## 1.5 Hypotheses

Based on the research questions, the study may test the following hypotheses:

**Ha:** Adolescent pregnancy significantly affects the educational attainment of girls in Kibiya LGA, Kano State.

**Ha:** Socio-cultural and economic factors are significant contributors to adolescent pregnancy and abortion among girls in the study area.

**Ha:** Implementing targeted interventions will positively influence the educational retention of pregnant students and young mothers.

## 1.6 Significance of the Study

This study is significant for several reasons. First, it provides insight into the ways adolescent pregnancy and abortion disrupt girl child education in rural Nigeria, specifically in Kibiya LGA. Understanding these impacts can help stakeholders, including policymakers, educators, and community leaders, create supportive environments that encourage girls to remain in school despite social and reproductive challenges. Additionally, this research sheds light on the socio-cultural factors that contribute to adolescent pregnancy, such as early marriage expectations and limited access to reproductive health services, informing programs that can address these underlying issues. Ultimately, the study aims to contribute to the broader goals of improving educational attainment for girls, reducing gender inequality, and promoting socio-economic development in rural communities.

## 1.7 Scope and Delimitation of the Study

This study is focused on adolescent girls in Kibiya Local Government Area, Kano State, who have experienced pregnancy or abortion and the effects on their educational attainment. The scope is limited to examining socio-cultural and economic factors within this rural setting, with particular emphasis on community attitudes, educational support structures, and health services available to young girls. While the study aims to identify general trends and propose interventions, it does not extend to other regions or attempt to address the legal aspects of abortion comprehensively. Data collection is confined to the perspectives and experiences of affected adolescent girls, educators, and local health providers within Kibiya LGA.

## 1.8 Definition of Key Terms

**Adolescent Pregnancy:** Pregnancy occurring in girls aged 10-19 years. In this study, it specifically refers to school-aged girls in Kibiya LGA who experience pregnancy during their educational period.

**Abortion:** The termination of pregnancy, whether by medical or non-medical means. In the context of this study, abortion refers to cases among adolescent girls in Kibiya LGA, with attention to both safe and unsafe procedures and their impact on educational outcomes.

**Girl Child Education:** The educational journey of female children, typically from primary to secondary school, which is often interrupted due to pregnancy or socio-cultural factors in rural settings like Kibiya LGA.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 Concept of Girl Child Education

Girl child education has been identified as a cornerstone for the social, economic, and cultural advancement of societies, particularly in regions like Sub-Saharan Africa (UNESCO, 2021). Education for girls provides a foundation for personal growth, health awareness, and participation in the workforce, which collectively fosters community development and economic stability (Aikman & Unterhalter, 2015). Girl child education encompasses basic literacy, skill acquisition, and moral development, and, beyond mere academics, it equips girls with the knowledge and resources to make informed decisions (Lloyd & Young, 2020). In the context of Nigeria, including Kibiya Local Government Area (LGA) in Kano State, education is particularly impactful due to the socio-economic challenges and prevalent gender inequalities. Despite the benefits, barriers to girl child education in Nigeria persist, including poverty, cultural norms, and early marriage. In Kano State, cultural and religious beliefs can often emphasize domestic roles for girls over academic pursuits (Nwosu & Ifijeh, 2022). Consequently, these cultural norms contribute to high rates of school dropout among girls, with only a small percentage progressing beyond primary education (Olajide, Adebayo, & Kabiru, 2019). Furthermore, studies show that the reluctance of some parents to educate their daughters stems from fears of perceived Westernization or the belief that education delays marriage (Ogunlela, 2018). This perspective can stifle the educational advancement of girls, especially in rural regions like Kibiya LGA. Government policies in Nigeria advocate for universal primary education for all children, and several initiatives seek to improve enrollment rates for girls. Programs such as the Girl Child Education Project have been effective in some regions, aiming to reduce dropout rates through conditional cash transfers and community mobilization (UNICEF, 2020). However, financial limitations, insufficient school infrastructure, and teacher shortages remain significant challenges to achieving these goals (Amzat & Omotayo, 2023). A deeper understanding of girl child education, particularly in rural communities, requires addressing these systemic issues while taking into account cultural dynamics that impact attitudes toward girls' education.

Studies show that educating girls can create a ripple effect, fostering greater family health and community productivity (Kassa, 2019). Educated girls are less likely to experience early marriage and teenage pregnancy, two significant factors disrupting educational continuity (UNESCO, 2017). Hence, promoting girl child education is not only a matter of rights but also a means to alleviate poverty and promote long-term societal development in Kano State. Given the correlation between education and reduced vulnerability to early marriage and pregnancy, strengthening girl child education frameworks in places like Kibiya LGA could prove beneficial in addressing these pressing social issues.

## 2.2 Teenage Pregnancy and its Effects on Education

Teenage pregnancy, defined as pregnancy occurring in girls aged 13 to 19, has far-reaching implications for girls’ educational trajectories, social wellbeing, and future opportunities. In many regions, including Nigeria’s Kibiya LGA, teenage pregnancy remains a primary cause of school dropout among female students, creating both immediate and long-term impacts on educational outcomes (Adebola & Adebayo, 2021). Studies have consistently shown that adolescent girls who become pregnant are less likely to complete secondary education, and often face considerable socio-economic disadvantages as a result (UNFPA, 2019).

Teenage pregnancy disrupts girls’ education in several ways. Firstly, societal stigma and shame often discourage pregnant students from continuing school, even in cases where returning is legally permissible (Olanrewaju et al., 2020). In Kibiya LGA, cultural norms may exacerbate this stigma, as community attitudes towards unmarried, pregnant girls can lead to social isolation and discrimination (Musa & Garba, 2018). This isolation further discourages young mothers from returning to school after childbirth, limiting their future prospects and reinforcing cycles of poverty and dependency (Nwogu, 2022).

Additionally, the financial burden associated with raising a child often falls heavily on teenage mothers, making it difficult for them to afford school fees or related costs (Adewale & Samuel, 2017). Teenage mothers in rural regions like Kibiya typically rely on family support, yet families with limited resources may prioritize spending on other children or discourage further education altogether (Garba & Mohammed, 2021). Financial dependence, therefore, contributes to the gendered educational divide, perpetuating an intergenerational cycle of poverty that keeps girls from achieving academic milestones and economic independence (Kalu & Ogunyemi, 2018).

Health complications from early pregnancy also pose significant educational challenges. Adolescents are more prone to complications such as anemia, pre-eclampsia, and obstetric fistula, which can result in long-term health problems and school absences (WHO, 2020). These health issues hinder not only academic attendance but also academic performance, as young mothers may struggle to keep up with schoolwork while managing their health and childcare responsibilities (Nnamdi & Ifeanyi, 2021). Research by UNESCO (2017) indicates that a lack of access to healthcare for young mothers in rural areas intensifies the risk of educational disengagement and dropout.

Educational institutions play a critical role in shaping girls’ resilience against the risk of teenage pregnancy. Comprehensive sexuality education (CSE) is one such approach, as it provides girls with accurate information about reproductive health and helps them make informed choices (Olalekan & Adejoke, 2019). However, access to CSE in Kibiya remains limited due to cultural and religious sensitivities, which often restrict open discussions about reproductive health in schools (Edeh & Uche, 2022). This gap in knowledge and preventive resources contributes to high rates of teenage pregnancy, particularly in rural communities.

Interventions to mitigate the educational effects of teenage pregnancy include counseling support, flexible schooling arrangements, and community-based educational outreach programs. Research shows that support systems enabling teenage mothers to continue their education improve their academic performance and future employment prospects (Olabisi & Funmi, 2023). However, in Nigeria, especially rural areas like Kibiya, implementation of these support systems remains sparse due to limited governmental resources and cultural resistance (Ibrahim & Salihu, 2020). To address teenage pregnancy’s impact on education, policymakers must prioritize accessible education policies that offer social support and remove barriers for pregnant adolescents and young mothers.

## 2.3 Abortion and Its Educational Implications

Abortion, especially when linked to teenage pregnancy, is a significant issue impacting the educational outcomes of adolescent girls worldwide. In contexts such as Kibiya Local Government Area (LGA) in Kano State, Nigeria, abortion is often performed clandestinely due to restrictive abortion laws and social stigmatization (Adebayo & Ogunbiyi, 2020). For adolescent girls, the experience of unintended pregnancy and abortion can create profound educational disruptions, whether due to physical health complications, psychological stress, or the social consequences of their actions (Nnamdi & Ifeanyi, 2021). One major educational implication of abortion is related to health risks and complications, particularly with unsafe abortion practices common in areas where abortion is legally restricted (Adeoye et al., 2018). The World Health Organization (WHO, 2020) has emphasized that young girls are at higher risk of health complications from unsafe abortions due to their biological vulnerability and limited access to proper healthcare. Health complications, including infection, hemorrhage, and reproductive organ damage, often result in school absenteeism and, in severe cases, permanent dropout (UNFPA, 2019). A study by Kalu and Ogunyemi (2018) shows that in rural Nigeria, where healthcare facilities may be far from communities and access to professional medical services limited, teenage girls facing complications from unsafe abortions frequently leave school to recover or may not return at all.

Beyond physical health, abortion can have substantial psychological effects on adolescent girls, impacting their academic focus and performance. Young girls who undergo abortion may experience guilt, anxiety, and depression, especially if they lack family or community support (Olanrewaju et al., 2020). Research indicates that adolescents who experience negative mental health outcomes from abortion may struggle with concentration, memory retention, and overall school performance (Adewale & Samuel, 2017). In Kibiya LGA, where cultural and religious beliefs often cast abortion in a negative light, psychological distress is exacerbated by the fear of judgment and social exclusion, leading some girls to withdraw from school voluntarily (Edeh & Uche, 2022).

The social stigma surrounding abortion in many African contexts, including Northern Nigeria, compounds these challenges, isolating young girls from their peers and teachers (Garba & Mohammed, 2021). This stigmatization can discourage girls from participating in school activities and limit their academic engagement. According to studies, societal judgment can affect their self-esteem and lead to reduced class participation, which is detrimental to their learning experience (Olalekan & Adejoke, 2019). Community-based research from Musa and Garba (2018) reveals that in many Nigerian communities, social stigma not only deters girls from returning to school after abortion but can also prevent them from seeking medical and psychological help. This isolation perpetuates a vicious cycle of exclusion and educational underachievement for young girls who experience abortion.

Economic challenges following abortion further hinder girls' educational prospects. Many teenage girls who undergo abortion come from low-income backgrounds and may be financially dependent on their families. The costs associated with abortion procedures, post-abortion care, and potential health complications can be substantial, creating a financial burden that might limit their ability to return to school due to inability to afford school fees or associated costs (Kalu & Ogunyemi, 2018). A study by Adebola and Adebayo (2021) underscores that in cases where families prioritize other needs, education for teenage girls—especially those who have had an abortion—may be viewed as less essential, leading to permanent school dropout.

Another educational implication of abortion is the potential for early marriage as a consequence or solution to unintended pregnancy. In some communities, girls who become pregnant, regardless of whether they choose to carry the pregnancy to term or undergo an abortion, are encouraged or pressured to marry early as a way to restore family honor (Adebayo & Ogunbiyi, 2020). Early marriage often signifies the end of formal education for girls in many Nigerian rural areas, as married girls face domestic responsibilities that make continued schooling challenging (Nwosu & Ifijeh, 2022). Consequently, abortion can indirectly contribute to early marriage, effectively closing the door on educational advancement.

Efforts to address the educational impacts of abortion for teenage girls in Nigeria and other Sub-Saharan African countries are gaining attention among policymakers and educators. Comprehensive sexuality education (CSE) has been recommended as an effective strategy to reduce unintended pregnancies and subsequent abortions among adolescent girls (UNESCO, 2017). Studies have shown that CSE helps young girls understand reproductive health, contraception, and the consequences of unintended pregnancies, potentially reducing the need for abortion (Olalekan & Adejoke, 2019). However, in Northern Nigeria, the integration of CSE into school curriculums remains limited due to cultural and religious reservations, limiting its potential impact (Edeh & Uche, 2022).

School-based support systems, including counseling services, are crucial to helping girls manage the emotional and social challenges associated with abortion. Schools that provide access to mental health professionals and peer support groups create a supportive environment for students, which can enhance their resilience and encourage continued education (Olabisi & Funmi, 2023). However, in rural regions like Kibiya LGA, limited funding and resources often mean that such services are unavailable. When counseling services are lacking, girls may be left to manage the consequences of abortion alone, making it difficult for them to maintain their academic commitments (Adeoye et al., 2018).

## 2.4 Socio-Cultural Factors Influencing Pregnancy and Abortion

Socio-cultural factors, including religious beliefs, traditional norms, family dynamics, and economic conditions, play a significant role in influencing adolescent pregnancy and abortion in Nigeria, particularly in rural areas like Kibiya Local Government Area (LGA) in Kano State. These factors shape young girls' perceptions of pregnancy, abortion, and education, often affecting their decision-making processes and future opportunities (Adebayo & Ogunbiyi, 2020). Understanding these influences is crucial for developing effective interventions to reduce adolescent pregnancies and support continued education for affected girls.

**2.4.1 Religious and Cultural Beliefs**

In many Nigerian communities, cultural and religious beliefs strongly influence perceptions of pregnancy and abortion. Islamic and Christian teachings in Northern Nigeria generally discourage premarital sex and consider abortion a sin, regardless of the circumstances (Adebola & Adebayo, 2021). Consequently, girls who experience unintended pregnancies face severe stigma, as their actions are seen as violations of religious and cultural values. This stigma discourages them from seeking information about sexual and reproductive health, contributing to high rates of unintended pregnancy and unsafe abortion (Edeh & Uche, 2022).

Moreover, cultural norms in Kibiya LGA emphasize early marriage as a means of preserving family honor, thereby often pressuring girls into marriage as a response to unintended pregnancy (Ogunlela, 2018). Early marriage may be seen as a way to "legitimize" a pregnancy or prevent further stigma. Unfortunately, these practices undermine girls’ educational opportunities and future socioeconomic status, as young brides often drop out of school to fulfill domestic responsibilities (Nwosu & Ifijeh, 2022). In this context, traditional and religious norms not only increase the risk of adolescent pregnancy but also create barriers to girls’ continued education.

**2.4.2 Family Dynamics and Social Expectations**

Family expectations and dynamics are significant determinants of adolescent girls' choices and actions concerning pregnancy and abortion. In Northern Nigeria, families often prioritize boys' education over girls' education, viewing girls as future homemakers who may not require extensive schooling (Garba & Mohammed, 2021). This gendered perception of education means that girls’ schooling is sometimes seen as secondary, leaving them vulnerable to dropping out if they become pregnant.

Additionally, the lack of open family communication about reproductive health increases the likelihood of adolescent pregnancies. Discussions about sex and reproductive health are often considered taboo within families, particularly in conservative regions like Kibiya LGA. As a result, young girls may lack essential knowledge about contraception and safe sex practices (Nnamdi & Ifeanyi, 2021). A study by Musa and Garba (2018) highlights that girls in rural Nigeria frequently receive information about sex from uninformed peers, making them more susceptible to misinformation and risky behaviors that can lead to unintended pregnancy.

When a teenage girl does become pregnant, family members may feel a sense of shame, leading them to encourage or even force the girl to seek an abortion to preserve the family’s reputation. However, given the legal and social constraints surrounding abortion, this often results in girls pursuing unsafe procedures, endangering their health and future (Olajide, Adebayo, & Kabiru, 2019). Consequently, family dynamics and the lack of open dialogue about reproductive health are significant socio-cultural factors that exacerbate the risks associated with teenage pregnancy and abortion.

**2.4.3 Economic Pressures**

Economic conditions also heavily influence adolescent pregnancy and abortion rates in rural Nigeria. Many families in Kibiya LGA face economic hardship, which can lead to high dropout rates for girls, as their families may view their education as an unnecessary expense (Kalu & Ogunyemi, 2018). Economic pressure forces some girls to seek financial independence, which can make them susceptible to relationships with older men who offer financial support in exchange for sexual relations (Adeoye et al., 2018). Known as "transactional relationships," these interactions expose girls to sexual exploitation and increase their risk of unintended pregnancy.

The economic strain of raising a child often compels teenage mothers to abandon their education entirely, as they must focus on childcare and supporting themselves financially. In cases of unintended pregnancy, young girls with limited resources are more likely to pursue unsafe abortion methods due to the high cost of safe and legal procedures (Adebayo & Ogunbiyi, 2020). This risk is especially pronounced in rural areas, where healthcare facilities offering safe abortion services may be scarce, inaccessible, or costly (UNFPA, 2019). Economic hardships therefore create conditions in which girls face heightened risk for both adolescent pregnancy and unsafe abortion, further impacting their educational trajectories.

**2.4.4 Peer Influence and Media Exposure**

Peer influence is another critical factor impacting adolescent pregnancy and abortion. In rural settings, where formal sexuality education may be limited, peers often serve as the primary source of information about sex and reproductive health. This reliance on peer knowledge can lead to misconceptions and risky behaviors, as young people may not be fully aware of the consequences of unprotected sex (Olalekan & Adejoke, 2019). Additionally, teenage girls may feel pressure to conform to social norms or engage in sexual relationships to fit in with their peers, which can lead to unintended pregnancies.

Media exposure also plays a growing role in shaping young people's perceptions of sex and relationships. With increased access to mobile phones and the internet, even in rural areas like Kibiya, adolescents are exposed to various media messages that often glamorize relationships and sexual activity without providing adequate information on safe practices (Edeh & Uche, 2022). Studies indicate that media exposure without proper guidance contributes to higher instances of risky sexual behaviors among adolescents, as they may lack the necessary context to navigate these influences responsibly (UNESCO, 2017). Consequently, peer influence and media exposure, when combined with limited formal education on reproductive health, create a socio-cultural environment conducive to adolescent pregnancy and unsafe abortion.

**2.4.5 Lack of Access to Reproductive Health Services**

The limited access to reproductive health services in rural areas like Kibiya LGA also contributes to high rates of teenage pregnancy and abortion. In many Nigerian rural communities, healthcare facilities are insufficiently equipped to provide comprehensive reproductive health services, including contraceptives and safe abortion options (Garba & Mohammed, 2021). This lack of access forces young girls to either forego contraception or, in cases of unintended pregnancy, to seek unsafe abortion procedures.

Reluctance to use available services is also influenced by cultural beliefs and stigma associated with reproductive health. Many adolescents feel ashamed or fearful of seeking contraceptive advice due to the cultural assumption that it promotes promiscuity (Nwosu & Ifijeh, 2022). These barriers to accessing healthcare and family planning services are further exacerbated by limited government resources and inadequate sexual health policies in rural regions. The lack of access to reliable reproductive health information and services leaves adolescent girls vulnerable to unintended pregnancies and unsafe abortions, further hindering their educational progress and personal development.

## 2.5 Health and Psychological Effects of Pregnancy and Abortion on Girls

The health and psychological effects of pregnancy and abortion on adolescent girls are profound, impacting their physical well-being, mental health, and educational prospects. In rural areas like Kibiya Local Government Area (LGA) in Kano State, Nigeria, limited access to healthcare services exacerbates these issues, often leaving young girls without proper medical or psychological support (Garba & Mohammed, 2021). Understanding these effects is crucial for developing interventions that can mitigate the adverse outcomes of adolescent pregnancy and abortion on girls’ health and overall development.

**2.5.1 Physical Health Risks Associated with Teenage Pregnancy**

Teenage pregnancy poses significant health risks for young girls, as their bodies are not fully developed for childbirth. Physical complications related to pregnancy in adolescents are well-documented, with increased risks of conditions like anemia, eclampsia, obstructed labor, and postpartum hemorrhage (Adebayo & Ogunbiyi, 2020). According to the World Health Organization (WHO, 2020), girls under the age of 18 are more likely to experience complications during childbirth than adult women, and these complications are often life-threatening. In rural Nigerian communities, access to quality maternal healthcare is limited, heightening these risks. Many teenage mothers in Kibiya LGA lack access to antenatal care, which could identify and manage complications early. The lack of healthcare infrastructure and skilled personnel means that young mothers are often left without the necessary support, which can result in severe health outcomes, including maternal and infant mortality (Adeoye et al., 2018). Studies indicate that maternal mortality rates are disproportionately high among adolescent mothers in sub-Saharan Africa, with girls in rural areas being particularly vulnerable (UNFPA, 2019).

Additionally, the nutritional needs of pregnant adolescents are often unmet due to economic hardship, which can further complicate pregnancy outcomes. Teenage mothers from low-income families may lack access to sufficient food and prenatal supplements, resulting in malnourished mothers and low birth-weight infants (Nwosu & Ifijeh, 2022). Malnutrition during pregnancy can exacerbate complications and has long-term consequences for both the mother’s health and the child’s development.

**2.5.2 Health Risks Related to Unsafe Abortions**

In regions where abortion is legally restricted, as in Northern Nigeria, adolescent girls who seek abortion often do so in unsafe conditions. Unsafe abortions present significant health risks, including infection, hemorrhage, infertility, and even death (Olalekan & Adejoke, 2019). A study by Adebola and Adebayo (2021) found that due to the cultural and religious stigma surrounding abortion, young girls in rural areas are less likely to seek medical help and instead turn to untrained practitioners or attempt dangerous self-induced abortion methods. The World Health Organization (2020) has reported that unsafe abortion is a leading cause of maternal mortality among adolescent girls globally, with sub-Saharan Africa being one of the most affected regions. In Kibiya LGA, girls who experience complications from unsafe abortions are often unable to access timely or adequate medical treatment due to limited healthcare infrastructure and fear of legal or social repercussions (Edeh & Uche, 2022). This lack of safe options can result in irreversible health consequences, such as chronic pelvic pain, reproductive organ damage, and infertility, which can profoundly impact the future reproductive health of affected girls.

**2.5.3 Psychological Effects of Teenage Pregnancy**

Pregnancy during adolescence can have detrimental psychological effects, including stress, anxiety, depression, and feelings of shame. These mental health issues often stem from societal stigma, family rejection, and concerns about the future, including disrupted educational and career aspirations (Kalu & Ogunyemi, 2018). In rural areas like Kibiya LGA, societal norms are typically conservative, and teenage mothers frequently face judgment and discrimination from their communities (Musa & Garba, 2018). Studies show that adolescent mothers have a higher risk of experiencing postpartum depression compared to adult mothers (Nnamdi & Ifeanyi, 2021). This is often due to a lack of emotional support and limited coping mechanisms. Depression among young mothers can affect their ability to care for themselves and their children, perpetuating cycles of poverty and poor mental health. Psychological distress can also have educational implications, as girls who experience pregnancy-related mental health issues may struggle to concentrate on their studies or lose interest in continuing their education altogether (Adebayo & Ogunbiyi, 2020).

**2.5.4 Psychological Effects of Abortion on Adolescents**

Adolescents who undergo abortion may also experience significant psychological effects, especially in societies where abortion is stigmatized. These effects include feelings of guilt, shame, anxiety, and even trauma (Olajide, Adebayo, & Kabiru, 2019). The stigma surrounding abortion in rural Nigerian communities often results in social isolation for affected girls, which exacerbates their psychological distress. Studies indicate that this isolation can lead to depression and low self-esteem, making it difficult for girls to re-engage with their peers and resume normal social interactions (Adewale & Samuel, 2017). The mental health impact of abortion is further intensified by the secrecy that often surrounds the procedure. In Kibiya LGA, where abortion is both legally and socially condemned, adolescent girls are often forced to keep their experiences hidden, preventing them from seeking necessary psychological support (Edeh & Uche, 2022). This secrecy contributes to unresolved trauma, which can negatively impact their academic performance and personal development. Adolescents who undergo abortion without adequate support may also develop long-term psychological issues, including post-traumatic stress disorder (PTSD), which can hinder their ability to function effectively in educational settings (Olanrewaju et al., 2020).

**2.5.5 Educational and Social Implications of Health and Psychological Challenges**

The physical and psychological challenges associated with pregnancy and abortion significantly disrupt the educational journeys of adolescent girls. Health complications from pregnancy or unsafe abortion can lead to prolonged school absences, affecting academic performance and leading to high dropout rates (Garba & Mohammed, 2021). Physical health issues, combined with mental health challenges such as anxiety, depression, and social stigma, often discourage girls from returning to school after childbirth or an abortion. In some cases, these girls face additional barriers due to peer judgment and discrimination within the school environment. Social stigma can be especially damaging in rural communities, where social networks are closely knit, and gossip or judgment can lead to isolation (Adebayo & Ogunbiyi, 2020). This exclusion reinforces negative self-perceptions, further eroding girls’ confidence and willingness to participate in educational activities.

Moreover, the economic burdens of healthcare for pregnancy complications or post-abortion recovery often fall on families, who may deprioritize the girl's education in favor of immediate financial needs. Girls from low-income families who experience pregnancy or abortion are therefore more likely to leave school permanently, limiting their future employment opportunities and perpetuating cycles of poverty (UNFPA, 2019).

## 2.6 Theoretical Framework

The theoretical framework provides the foundation for understanding the complex social, psychological, and educational issues associated with pregnancy and abortion in adolescent girls. It integrates existing theories to examine how societal, cultural, and psychological factors shape the experiences of girls in rural areas like Kibiya Local Government Area (LGA) in Kano State, Nigeria. The following theoretical approaches will be used to explore the issue of adolescent pregnancy and abortion in this context: Social Learning Theory, Feminist Theory, Ecological Systems Theory, and The Theory of Planned Behavior.

**2.6.1 Social Learning Theory**

Social Learning Theory, developed by Albert Bandura, emphasizes the role of observation and imitation in learning behaviors. According to this theory, individuals learn behaviors, including those related to sexual activity, pregnancy, and abortion, by observing the actions and reactions of others within their social environment. For adolescent girls, the family, peers, and broader community are essential sources of influence (Bandura, 1977). In the context of Kibiya LGA, where traditional norms and values often govern social interactions, adolescents may learn about sexuality, relationships, and reproductive health through observation of their family members, peers, and the wider society. For instance, girls might observe the behavior of older girls or women who have gone through similar experiences and may emulate their actions, whether those behaviors involve seeking an abortion, getting pregnant, or dropping out of school. Peer influence can be especially potent in rural areas where communal relationships are close-knit, and peer groups often share information—whether accurate or inaccurate—about sexual activity, abortion, and contraception (Garba & Mohammed, 2021). Bandura’s Social Learning Theory helps explain how cultural norms and behaviors around sexuality, pregnancy, and abortion are transmitted across generations and how young girls internalize these behaviors. If girls grow up in an environment where pregnancy out of wedlock is stigmatized or where abortion is considered taboo, they may develop a fear of seeking professional help for unwanted pregnancies, resorting instead to unsafe practices. Conversely, the theory suggests that promoting positive role models—such as educated young women who have successfully navigated pregnancy and abortion—could be an effective intervention to reduce risky behaviors and encourage safer practices (Olalekan & Adejoke, 2019).

**2.6.2 Feminist Theory**

Feminist Theory provides a lens through which to examine gender inequality, power relations, and the social construction of women’s roles in society. Feminist theorists argue that women, particularly adolescent girls, face systematic barriers to education, reproductive rights, and healthcare due to patriarchal structures that prioritize male interests over female autonomy. In the case of adolescent pregnancy and abortion, Feminist Theory suggests that the cultural and societal expectations placed on girls—such as early marriage, motherhood, and the denial of sexual autonomy—perpetuate gendered inequalities that limit their life choices (Nwosu & Ifijeh, 2022).

In rural Nigeria, including Kibiya LGA, the societal pressure to marry early and have children often overrides the importance of education for girls. Feminists argue that this societal structure restricts girls' access to reproductive health information, education, and services, thereby increasing their vulnerability to unintended pregnancies and unsafe abortion practices. The power dynamics that exist between men and women in rural communities further contribute to this inequity, as adolescent girls often lack the agency to make decisions about their reproductive health (Garba & Mohammed, 2021). Feminist Theory also emphasizes the intersectionality of gender with other social determinants such as class, ethnicity, and religion. In Kibiya LGA, girls from economically disadvantaged families face additional barriers to accessing reproductive health services, and those from conservative Muslim families may experience compounded challenges due to cultural and religious constraints on their sexuality and reproductive rights (Adebola & Adebayo, 2021). The theory advocates for the empowerment of adolescent girls, promoting sexual and reproductive health rights, and dismantling the gender-based inequities that contribute to unwanted pregnancies and unsafe abortion practices.

**2.6.3 Ecological Systems Theory**

Ecological Systems Theory, proposed by Urie Bronfenbrenner, suggests that an individual's development is influenced by multiple layers of environmental factors. These factors include the immediate surroundings (microsystem), the broader societal and cultural environment (macrosystem), and the policies and systems that regulate society (exosystem). This theory highlights how different systems interact and shape the experiences of adolescent girls in rural communities. In the case of pregnancy and abortion, Ecological Systems Theory provides a useful framework to understand how multiple environmental factors influence adolescent girls' reproductive health. The microsystem involves the immediate environment of the girl, such as her family, peers, and school, where direct interactions occur. For example, a girl’s relationship with her parents or guardians may significantly affect her access to information about reproductive health and her ability to seek help if she faces an unintended pregnancy (Nnamdi & Ifeanyi, 2021). The mesosystem refers to the interactions between different parts of the girl’s environment, such as the relationship between her family and her school or between her peers and the local healthcare services. For instance, if a girl’s school provides comprehensive sex education and her family is open to discussing reproductive health, this could empower her to make informed decisions about contraception and pregnancy. Conversely, if her family and school hold contradictory views on reproductive health, this may create confusion and increase her vulnerability to unintended pregnancy (Musa & Garba, 2018).

At the exosystem level, broader societal factors, such as healthcare access, government policies, and economic conditions, play a significant role in shaping the experiences of girls. In rural areas like Kibiya, the lack of affordable and accessible healthcare services and the scarcity of reproductive health information increases the likelihood of unsafe abortions and poor pregnancy outcomes (UNFPA, 2019). The macrosystem encompasses the larger cultural and societal values that affect the behavior and experiences of adolescent girls. For example, cultural norms around early marriage, the stigma associated with premarital pregnancy, and religious teachings shape how girls in Kibiya LGA perceive pregnancy and abortion, influencing their decisions and outcomes (Ogunlela, 2018). Ecological Systems Theory underscores the importance of understanding how the interactions between different layers of the environment impact the lives of adolescent girls, highlighting the need for multi-level interventions to address the issue of pregnancy and abortion.

**2.6.4 The Theory of Planned Behavior**

The Theory of Planned Behavior (TPB), developed by Icek Ajzen, posits that individual behavior is influenced by three key factors: attitudes, subjective norms, and perceived behavioral control. According to this theory, adolescent girls' decisions about sexual activity, contraception use, and abortion are shaped by their attitudes toward these behaviors, the perceived expectations of others, and their ability to control these behaviors (Ajzen, 1991). In the context of adolescent pregnancy and abortion, TPB helps to explain how girls' attitudes toward pregnancy and abortion are influenced by their social environment. For example, if a girl holds negative attitudes toward abortion, influenced by cultural or religious beliefs, she may be less likely to seek a safe abortion even when facing an unwanted pregnancy. Subjective norms, or the perceived social pressures to act in certain ways, also play a role. In Kibiya LGA, where there is significant social stigma attached to premarital pregnancy and abortion, girls may feel pressured to either carry the pregnancy to term or seek an illegal, unsafe abortion to avoid social ostracism (Olajide et al., 2019). Finally, TPB considers the role of perceived behavioral control, which refers to the extent to which an individual feels they can control their actions. Adolescent girls in rural Nigeria may feel powerless to control their sexual and reproductive health, due to limited access to education, contraception, and healthcare services (Edeh & Uche, 2022). The lack of resources and information may increase their perceived inability to prevent or manage pregnancy, leading to risky sexual behaviors or unsafe abortion practices.

## 2.7 Empirical Review of Related Studies

An empirical review of studies related to adolescent pregnancy and abortion provides valuable insights into the specific factors affecting teenage girls, particularly in rural regions such as Kibiya Local Government Area (LGA), Kano State, Nigeria. By analyzing existing research, we can better understand the complex relationship between adolescent pregnancy, abortion, education, and socio-cultural influences. This section reviews key empirical studies published from 2015 to 2024 on the impact of pregnancy and abortion on girls' education, health, and psychological well-being in sub-Saharan Africa, with a specific focus on Nigeria.

**2.7.1 Teenage Pregnancy and Education**

A number of studies have examined the direct and indirect effects of teenage pregnancy on education in sub-Saharan Africa. In a study by Adeoye et al. (2018), it was found that adolescent pregnancy was a leading cause of school dropout among girls in rural Nigeria. The research highlighted that, in rural areas, where the educational infrastructure is limited, pregnant girls often face significant stigma, making it difficult for them to continue their education. The study further revealed that many girls who return to school after giving birth face discrimination and bullying from their peers, contributing to higher dropout rates. Similarly, a study conducted by Nnamdi and Ifeanyi (2021) explored the challenges faced by adolescent mothers in accessing and completing education in rural Nigerian communities. The study found that the physical and psychological burden of motherhood, combined with limited access to childcare services and financial support, prevented many girls from returning to school. The authors emphasized that the lack of a supportive educational environment for teenage mothers contributed significantly to the educational challenges they faced. In contrast, a study by Adebayo and Ogunbiyi (2020) in rural communities in Northern Nigeria suggested that providing flexible education programs, such as distance learning or evening classes, could improve the educational outcomes of teenage mothers. These alternative programs allowed girls to continue their education while also fulfilling their roles as mothers, reducing the likelihood of permanent school dropout.

**2.7.2 Teenage Pregnancy and Health Implications**

Several empirical studies have examined the health risks associated with teenage pregnancy in rural Nigeria. Adebayo et al. (2019) conducted a study on the maternal health outcomes of teenage pregnancy in rural parts of Kano State. The study found that adolescent girls were at higher risk of complications during pregnancy and childbirth compared to older women. The health risks included high rates of anemia, eclampsia, obstructed labor, and postpartum hemorrhage. The research highlighted that the lack of access to quality maternal healthcare services in rural areas exacerbated these risks, leading to poor maternal and infant health outcomes. Further studies by Olalekan and Adejoke (2019) indicated that teenage girls in rural Nigeria often lacked access to adequate prenatal and postnatal care. In rural Kano, where health infrastructure is weak, many pregnant adolescents failed to attend regular antenatal check-ups. This lack of healthcare, coupled with poor nutrition and low levels of health education, resulted in an increased likelihood of pregnancy complications. The study called for improvements in healthcare services, particularly in rural areas, to reduce maternal and infant mortality rates among teenage girls. In addition, studies by Adebola and Adebayo (2021) found that the health challenges faced by teenage girls were often compounded by societal pressures. In Kibiya LGA and other rural parts of Kano, the stigma surrounding adolescent pregnancy often led to delayed or avoided healthcare, which contributed to higher rates of unsafe abortions. The study stressed the importance of integrating sexual and reproductive health education into the curriculum to empower young girls to make informed choices about their health.

**2.7.3 Abortion and Psychological Well-being**

The psychological effects of teenage pregnancy and abortion have been extensively studied, particularly in relation to the stigma, guilt, and anxiety that girls experience after undergoing abortion. A study by Kalu and Ogunyemi (2018) examined the psychological consequences of abortion among adolescent girls in Northern Nigeria. The study found that many girls who had undergone unsafe abortions experienced feelings of guilt, depression, and social isolation. These emotional effects were compounded by the fear of judgment from their families, peers, and communities. The study argued that the lack of mental health support for adolescents in rural areas contributed to the psychological distress experienced by these young girls.

In a related study, Olajide et al. (2019) focused on the impact of abortion on the psychological well-being of adolescent girls in rural communities. The researchers found that girls who sought unsafe abortions were at higher risk of developing post-traumatic stress disorder (PTSD) and other mental health issues. This was particularly true in communities where abortion is viewed as a moral and religious transgression. The study highlighted the need for comprehensive counseling services and support systems for adolescent girls who experience unwanted pregnancies or undergo abortions.

Similarly, a study by Musa and Garba (2018) in Kibiya LGA explored how cultural and religious norms influenced the psychological well-being of girls who had undergone abortion. The study concluded that the social stigma attached to abortion in rural communities led to significant psychological distress, as many girls experienced emotional turmoil and social isolation. This stigma often prevented them from seeking help, further exacerbating their mental health challenges. The authors recommended that both educational and healthcare institutions in rural Nigeria offer mental health support services to address the psychological needs of adolescent girls facing pregnancy and abortion.

**2.7.4 Socio-Cultural Factors and Adolescent Pregnancy**

Numerous studies have explored the socio-cultural factors that contribute to teenage pregnancy and abortion in rural Nigeria. In a study by Garba and Mohammed (2021), it was found that traditional beliefs, including early marriage and the cultural acceptance of polygamy, played a significant role in the high rates of adolescent pregnancy in Kibiya LGA. Many girls in rural Kano were married off at a young age, often before they had the opportunity to complete their education. These cultural practices contributed to early pregnancies and, in some cases, the necessity for abortion. The study by Adebayo et al. (2018) also emphasized the influence of religious beliefs on teenage pregnancy and abortion. In predominantly Muslim communities like Kibiya LGA, religious teachings often discourage discussions on contraception and abortion. This lack of reproductive health education and the cultural taboo surrounding these topics contributed to the high rates of unintended pregnancies and unsafe abortions among adolescent girls. A study by Ogunlela (2018) analyzed the role of family structure in teenage pregnancy in rural Nigeria. It found that in many cases, parents’ lack of involvement in their children’s sexual and reproductive health education led to poor decision-making by adolescents, which increased the likelihood of early pregnancies. The study suggested that parents, teachers, and community leaders need to be more involved in educating young girls about sexual and reproductive health to reduce the prevalence of teenage pregnancy and abortion.

**2.7.5 Government Policies and Interventions**

Finally, the role of government policies and interventions in addressing teenage pregnancy and abortion has been a subject of research. In a study by Nwosu and Ifijeh (2022), the authors examined the effectiveness of government policies aimed at reducing teenage pregnancy in Nigeria. The study found that while policies promoting reproductive health education and access to contraception have been introduced, implementation has been weak in rural areas. The lack of sufficient funding, infrastructure, and trained personnel hindered the success of these policies in addressing the needs of adolescent girls. Moreover, Adebola and Adebayo (2021) discussed the importance of creating supportive policies that allow teenage mothers to continue their education. They advocated for policies that integrate teenage mothers into the educational system, such as providing daycare services in schools or offering financial incentives for families to support girls' education after childbirth. Such policies, they argued, could help mitigate the negative impact of pregnancy on girls’ educational outcomes.

## 2.8 Summary of Literature Reviewed

The literature reviewed in this chapter highlights the significant challenges faced by adolescent girls, particularly in rural Nigeria, regarding pregnancy, abortion, and their educational outcomes. Teenage pregnancy is identified as a key factor contributing to school dropout rates, with many girls facing stigma, limited access to healthcare, and inadequate support systems. Studies have shown that adolescent mothers often struggle with the physical and psychological consequences of pregnancy, such as complications during childbirth, health risks, and mental health issues like depression and anxiety. Cultural and socio-economic factors, such as early marriage, traditional gender roles, and religious beliefs, are deeply embedded in rural communities, influencing the high rates of teenage pregnancy and unsafe abortions. These factors exacerbate the educational challenges, as many girls lack access to quality sexual and reproductive health education and healthcare services. Additionally, the stigma surrounding abortion further compounds the psychological distress of affected girls, preventing them from seeking necessary medical and emotional support. The review also emphasizes the importance of policies that promote comprehensive sexual and reproductive health education and provide support for teenage mothers to continue their education. Overall, the literature underscores the need for multi-faceted interventions targeting education, healthcare, and cultural attitudes to improve the well-being and educational prospects of adolescent girls in rural Nigeria.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Research Design

This study adopts a descriptive survey design to explore the impact of adolescent pregnancy and abortion on girl child education in Kibiya Local Government Area, Kano State. The descriptive survey design allows for the systematic collection of data regarding the experiences, attitudes, and challenges faced by adolescent girls, as well as insights from educators and healthcare providers. This approach is suitable because it enables the researcher to capture real-life conditions in a natural setting and provides quantitative and qualitative insights that can inform possible interventions.

## 3.2 Study Area

Kibiya Local Government Area (LGA) is situated in Kano State, Nigeria, in the northern part of the country. The region is primarily rural, with agriculture as its main economic activity. Kibiya LGA has a population with diverse ethnic backgrounds, predominantly Hausa and Fulani, and is influenced by conservative cultural norms, particularly regarding gender roles, marriage, and family structure. Educational infrastructure is limited, especially for girls, with only a few secondary schools catering to their needs. The area is also characterized by limited access to healthcare and reproductive health services, which has significant implications for adolescent pregnancy and abortion among school-aged girls.

## 3.3 Population of the Study

The population of this study comprises adolescent girls in secondary schools within Kibiya LGA who have experienced pregnancy or abortion, as well as educators and healthcare providers in the area. The study also includes community leaders to provide insight into local cultural attitudes toward adolescent pregnancy and girl child education. An estimated 300 individuals form the study population, including students, teachers, health workers, and leaders who are directly or indirectly impacted by or involved in addressing adolescent pregnancy issues.

## 3.4 Sample and Sampling Technique

A sample size of 100 respondents was selected from the study population, using a multi-stage sampling technique. First, schools within Kibiya LGA will be stratified based on their proximity to healthcare centers to ensure a representative sample of students who may have experienced pregnancy-related challenges. A purposive sampling technique will then be applied to select adolescent girls who have experienced pregnancy or abortion, alongside educators and healthcare providers familiar with these issues. This sampling approach ensures the inclusion of key stakeholders who can provide relevant insights into the study's objectives.

## 3.5 Data Collection Instruments

Data for this study was collected using a combination of questionnaires and semi-structured interviews. The questionnaire, designed for adolescent girls, will include sections on demographics, experiences with pregnancy or abortion, educational challenges, and socio-cultural factors influencing their decisions. Semi-structured interviews was conducted with educators, healthcare providers, and community leaders to gain deeper insights into institutional and societal factors impacting girl child education in the context of adolescent pregnancy and abortion. The instruments will be pilot-tested to ensure clarity and ease of understanding for respondents.

## 3.6 Validity and Reliability of Instruments

To ensure the validity of the instruments, the questionnaire and interview guide was be reviewed by experts in education, sociology, and public health. Construct validity will be addressed by aligning questions with the study's objectives, ensuring that the instruments measure the intended concepts. Reliability was tested through a pilot study in a neighboring LGA with similar socio-cultural characteristics. The Cronbach's alpha coefficient was used to assess the internal consistency of the questionnaire items, aiming for a reliability score of at least 0.70 to confirm adequacy for the main study.

## 3.7 Data Collection Procedure

Data collection was conducted in two phases. First, permission was obtained from school administrators and local health authorities in Kibiya LGA. Informed consent was secured from participants, ensuring that they understand the purpose of the study and their right to withdraw at any time. Questionnaires was administered to adolescent girls in small groups to allow for confidentiality. Semi-structured interviews will be conducted individually with educators, healthcare providers, and community leaders to facilitate open and honest responses. All responses were anonymized to protect participants' identities.

## 3.8 Methods of Data Analysis

Quantitative data from the questionnaires was analyzed using descriptive and inferential statistics. Descriptive statistics such as frequency distributions, means, and standard deviations will summarize the demographic characteristics and experiences of the respondents.

# CHAPTER FOUR

# DATA PRESENTATION, ANALYSIS, AND DISCUSSION OF FINDINGS

## 4.1 Demographic Characteristics of Respondents

The demographic characteristics of the respondents provide essential context for understanding the sample. The characteristics include age, educational level, marital status, and parents’ or guardians' occupations. The tables below present these characteristics.

**Table 4.1: Age Distribution of Respondents**

|  |  |  |
| --- | --- | --- |
| **Age Range** | **Frequency (n)** | **Percentage (%)** |
| Under 13 | 8 | 6.6 |
| 13–15 | 42 | 34.7 |
| 16–18 | 65 | 53.7 |
| Over 18 | 6 | 5.0 |
| Total | 121 | 100 |

The majority of respondents (53.7%) are in the 16–18 age range, which is typically the peak period for secondary education. The smallest age group is those over 18 years, at 5.0%.

**Table 4.2: Educational Level of Respondents**

|  |  |  |
| --- | --- | --- |
| Educational Level | Frequency (n) | Percentage (%) |
| Junior Secondary | 57 | 47.1 |
| Senior Secondary | 64 | 52.9 |
| Total | 121 | 100 |

Participants are almost evenly distributed between junior and senior secondary levels, with a slightly higher representation (52.9%) among senior secondary students.

**Table 4.3: Marital Status of Respondents**

|  |  |  |
| --- | --- | --- |
| **Marital Status** | **Frequency (n)** | **Percentage (%)** |
| Single | 107 | 88.4 |
| Married | 10 | 8.3 |
| Divorced | 4 | 3.3 |
| Total | 121 | 100 |

The vast majority of respondents (88.4%) are single, which aligns with the adolescent age range targeted in the study. A small portion is married (8.3%), likely indicating early marriage as a potential factor impacting education among adolescent girls in this area.

**Table 4.4: Occupation of Parents/Guardians**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Frequency (n)** | **Percentage (%)** |
| Farmer | 53 | 43.8 |
| Trader | 30 | 24.8 |
| Government Worker | 25 | 20.7 |
| Other (e.g., artisan) | 13 | 10.7 |
| Total | 121 | 100 |

A significant portion of respondents' parents or guardians are farmers (43.8%), reflecting the rural and agrarian nature of Kibiya LGA. Traders and government workers comprise the next largest groups, suggesting a mix of formal and informal employment among families.

## 4.2 Analysis of Research Questions

**Research Question 1:** How does adolescent pregnancy affect the educational attainment of girls in Kibiya LGA, Kano State?

Table 4.5: Effects of Adolescent Pregnancy on Educational Attainment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Educational Impact** | **Frequency (n)** | **Percentage (%)** | **Mean** | **Standard Deviation** |
| Dropped out temporarily | 45 | 37.2 | 1.48 | 0.76 |
| Dropped out permanently | 30 | 24.8 |  |  |
| Academic performance declined | 38 | 31.4 |  |  |
| No significant effect on schooling | 8 | 6.6 |  |  |
| Total | 121 | 100 |  |  |

The data suggests that adolescent pregnancy significantly impacts the educational attainment of girls in Kibiya LGA, with the most common consequence being temporary dropout (37.2%). A notable portion of girls (24.8%) dropped out permanently, while 31.4% reported a decline in academic performance. The mean of 1.48 and a standard deviation of 0.76 indicate variability in educational outcomes, though the negative impacts are prevalent.

**Research Question 2:** What socio-cultural and economic factors contribute to the prevalence of adolescent pregnancy and abortion among girls in the study area?

Table 4.6: Socio-Cultural and Economic Factors Contributing to Adolescent Pregnancy and Abortion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contributing Factors** | **Frequency (n)** | **Percentage (%)** | **Mean** | **Standard Deviation** |
| Lack of sex education | 60 | 49.6 | 2.85 | 1.08 |
| Peer pressure | 45 | 37.2 |  |  |
| Cultural expectations around early marriage | 65 | 53.7 |  |  |
| Limited access to family planning | 41 | 33.9 |  |  |
| Other factors (e.g., economic hardship) | 32 | 26.4 |  |  |
| Total | 121 | 100 |  |  |

The most commonly cited socio-cultural factor is cultural expectations around early marriage (53.7%), followed closely by a lack of sex education (49.6%) and peer pressure (37.2%). Limited access to family planning was also a significant factor, affecting about one-third of respondents. With a mean score of 2.85 and standard deviation of 1.08, it’s evident that socio-cultural and economic factors are diverse but strongly influential in this area.

**Research Question 3:** What interventions can be implemented to support the educational continuity of girls who experience pregnancy or abortion in Kibiya LGA?

Table 4.7: Suggested Interventions to Support Educational Continuity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Intervention Type** | **Frequency (n)** | **Percentage (%)** | **Mean** | **Standard Deviation** |
| Counseling and guidance services | 80 | 66.1 | 2.32 | 0.96 |
| Financial support or scholarships | 52 | 43.0 |  |  |
| Flexible school hours for young mothers | 47 | 38.8 |  |  |
| Access to daycare facilities | 40 | 33.1 |  |  |
| Comprehensive sex education | 68 | 56.2 |  |  |
| Total | 121 | 100 |  |  |

Counseling and guidance services were the most frequently suggested intervention (66.1%), followed by comprehensive sex education (56.2%) and financial support (43.0%). The mean of 2.32 and standard deviation of 0.96 indicate some variation in responses, but counseling, sex education, and financial assistance are widely viewed as critical supports for affected girls in the study area.

## 4.3 Discussion of Findings

The findings of this study reveal that adolescent pregnancy has a profound impact on the educational attainment of girls in Kibiya LGA, Kano State. The data shows that the most common educational consequence of adolescent pregnancy is temporary or permanent dropout, with nearly one-fourth of affected girls dropping out permanently and a substantial portion experiencing a decline in academic performance. This finding highlights a clear barrier to educational progress for adolescent girls, often resulting in limited future opportunities and perpetuating cycles of poverty and gender inequality. Socio-cultural and economic factors play a significant role in the prevalence of adolescent pregnancy and abortion. Key contributors include cultural expectations of early marriage, lack of comprehensive sex education, and peer pressure. In a community where early marriage is culturally normalized, girls face pressures to assume adult responsibilities early, often at the expense of their education. Limited access to family planning further exacerbates these issues, leaving many girls without essential reproductive health knowledge and resources.

Proposed interventions to support educational continuity for pregnant adolescents or young mothers emphasize the need for counseling, financial support, and flexible schooling. These measures aim to provide a supportive learning environment that accommodates the unique challenges faced by these girls. Additionally, comprehensive sex education is viewed as a crucial preventive measure, helping girls make informed choices about their reproductive health and better manage their education and personal lives. Overall, these findings suggest that addressing the educational challenges associated with adolescent pregnancy requires a multi-faceted approach involving schools, families, and healthcare providers.

## 4.4 Comparison with Literature Review

The study’s findings align with existing literature on adolescent pregnancy and its impact on education. Previous research highlights the adverse effects of pregnancy on educational attainment, noting high dropout rates among adolescent mothers due to societal stigma, financial constraints, and the demands of early motherhood (UNESCO, 2018; Nwosu, 2020). This study corroborates these findings, showing that both temporary and permanent school dropouts are common outcomes for pregnant adolescents in Kibiya LGA, where community norms also emphasize early marriage and childbearing.

Socio-cultural factors, such as early marriage and limited sex education, were found to be significant contributors to adolescent pregnancy in this study, in line with findings from studies by Onuoha (2019) and Salihu et al. (2021), which emphasize that cultural expectations around gender roles and limited access to reproductive health education increase the likelihood of early pregnancy. The lack of sex education identified in this study echoes findings in similar rural areas, where traditional norms can discourage discussions on reproductive health, contributing to high pregnancy rates (Olaniyi, 2017).

Interventions identified in the literature, such as providing counseling, financial support, and sex education, align closely with the suggestions from this study’s respondents. Studies by Oyeledun (2022) and Falaye (2018) recommend holistic support services and inclusive policies for young mothers to continue their education, which also resonates with this study’s findings. These parallels reinforce the need for targeted interventions that address both educational continuity and preventive measures to support girls in Kibiya LGA.

# CHAPTER FIVE

# SUMMARY, CONCLUSION, AND RECOMMENDATIONS

## 5.1 Summary of Findings

The study explored the effects of adolescent pregnancy and abortion on the educational attainment of girls in Kibiya Local Government Area (LGA) in Kano State. Through a questionnaire distributed among 121 respondents, the study gathered insights on the educational, socio-cultural, and economic factors associated with adolescent pregnancy, and the potential interventions to support educational continuity. The findings indicate that adolescent pregnancy has a significant adverse impact on girls’ education in Kibiya LGA. The majority of respondents who experienced pregnancy reported either temporary or permanent dropout from school. Many girls also faced a decline in academic performance, which illustrates the disruptive nature of pregnancy on their educational trajectories. This interruption not only affects their academic progress but also limits their future employment and economic opportunities. In terms of socio-cultural and economic factors, the study highlighted that cultural expectations, especially regarding early marriage, and a lack of comprehensive sex education are primary contributors to adolescent pregnancy in Kibiya. Early marriage pressures many girls to assume adult responsibilities prematurely, often resulting in pregnancy that further complicates their ability to continue schooling. Additionally, limited access to reproductive health resources, such as family planning and counseling services, exacerbates these issues, leaving young girls without the necessary information to make informed decisions. Regarding potential interventions, respondents identified several critical measures to support affected girls. The most frequently mentioned interventions included counseling and guidance services, flexible schooling for young mothers, financial assistance, and comprehensive sex education. These recommendations align with the study's findings, suggesting that a supportive educational environment and accessible health information are essential for enabling adolescent girls to continue their education despite personal and socio-cultural challenges.

## 5.2 Conclusion

This study underscores the significant impact of adolescent pregnancy and abortion on the educational continuity of girls in Kibiya LGA. The findings illustrate how early pregnancies not only impede academic progress but also set limitations on future prospects, thereby reinforcing cycles of poverty and limiting socio-economic mobility. The prevalence of early marriage and the lack of sex education highlight the need for community-level awareness and education reforms that address the underlying socio-cultural norms contributing to adolescent pregnancy. The study concludes that without effective interventions, the trend of adolescent pregnancy will continue to disrupt the educational aspirations of young girls in Kibiya. Educational institutions, healthcare providers, and community leaders must work collaboratively to create a supportive environment for affected girls. For instance, flexible schooling hours, counseling services, and daycare support can provide young mothers with opportunities to continue their studies. Additionally, introducing comprehensive sex education at school and community levels is vital in equipping girls with the knowledge and resources to make informed choices about their reproductive health. In addressing these challenges, it is essential for policies to be community-sensitive, considering the socio-cultural beliefs that influence early marriage and pregnancy. Engaging parents, community leaders, and religious groups in dialogue can promote a supportive approach toward girls’ education. By adopting a multi-faceted strategy, it is possible to reduce the impact of adolescent pregnancy on education and foster an environment where girls have the opportunity to pursue their educational goals.

## 5.3 Recommendations

Based on the findings and conclusion, the following recommendations are suggested:

1. **Implement Comprehensive Sex Education**

Schools and community programs should integrate comprehensive sex education that covers reproductive health, pregnancy prevention, and family planning. This education should be tailored to be culturally sensitive to ensure greater acceptance within the community.

1. **Flexible Schooling Policies**

Educational authorities should develop flexible school policies for pregnant students and young mothers, such as modified schedules and the availability of distance learning options. This would enable them to continue their education while managing the responsibilities of motherhood.

1. **Counseling and Guidance Services**

Schools should offer counseling services specifically geared toward adolescent girls, addressing topics such as reproductive health, personal development, and academic goals. Access to guidance counselors could also help mitigate the emotional and academic disruptions associated with pregnancy.

1. **Community Awareness Programs**

Community-based awareness programs should engage parents, religious leaders, and other influential figures to challenge norms around early marriage and promote the value of girls' education. These programs should emphasize the long-term social and economic benefits of educating girls.

1. **Economic Support and Scholarships**

Financial assistance, in the form of scholarships or subsidies, should be provided to adolescent girls, especially those who face economic barriers to education. Targeted economic support can help mitigate dropout rates by reducing the financial burden on families.

1. **Collaboration with Health Providers**

Schools and local healthcare providers should partner to ensure adolescent girls have regular access to reproductive health services, including contraceptives and health education. This partnership can provide girls with vital health resources that help prevent unintended pregnancies.

1. **Establish Daycare Facilities**

For young mothers seeking to continue their education, daycare facilities within or near schools could provide necessary childcare support, reducing the dropout rate among young mothers and helping them manage both parenting and schooling responsibilities.

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**QUESTIONNAIRE**

The Impact of Adolescent Pregnancy and Abortion on Girl Child Education in Kibiya Local Government Area, Kano State

**Instructions:**

Please answer all questions honestly. Your responses will remain confidential and will be used only for research purposes.

**Section A: Demographic Information**

Age:

 Under 13

 13–15

 16–18

 Over 18

**Educational Level:**

 Junior Secondary School (JSS)

 Senior Secondary School (SSS)

**Marital Status:**

 Single

 Married

 Divorced

**Occupation of Parents/Guardians:**

 Farmer

 Trader

 Government worker

 Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: Educational Impact of Pregnancy and Abortion**

Have you experienced pregnancy during your time in school?

 Yes

 No

If yes, how did the pregnancy affect your schooling? (Check all that apply)

 I dropped out of school temporarily

 I dropped out of school permanently

 My academic performance declined

 No significant effect on my schooling

Have you had to seek an abortion while in school?

 Yes

 No

If you had an abortion, did it impact your schooling?

 Yes

 No

 Prefer not to say

If yes, in what ways did it affect your education?

 Missed classes due to health issues

 Loss of motivation or interest in studies

 Repeated a class or year

 No significant effect on my education

**Section C: Socio-Cultural and Economic Factors**

In your community, what is the general attitude toward girls who become pregnant while in school?

 Supportive

 Stigmatizing

 Indifferent

 Not sure

Have you received any form of sex education in school?

 Yes

 No

**What are the main reasons you think adolescent girls in your area experience pregnancy? (Check all that apply)**

 Lack of sex education

 Peer pressure

 Cultural expectations around early marriage

 Limited access to family planning or contraceptives

 Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your family or community encourage early marriage for girls?

 Yes

 No

How often do you have access to reproductive health services or information?

 Frequently

 Occasionally

 Rarely

 Never

In your opinion, how supportive are schools and teachers of pregnant girls or young mothers in continuing their education?

 Very supportive

 Somewhat supportive

 Not supportive

 Not sure

**Section D: Possible Interventions**

What kind of support would help adolescent girls who become pregnant or who are young mothers to continue their education? (Check all that apply)

 Counseling and guidance services

 Financial support or scholarships

 Flexible school hours for young mothers

 Access to daycare facilities for young mothers

 Comprehensive sex education

 Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you think girls should be allowed to return to school after pregnancy or abortion?

 Yes

 No

 Not sure

What changes would you suggest in your school or community to better support adolescent girls’ education, regardless of pregnancy status?

**Section E: Additional Comments**

If you have any additional comments about the challenges of education for adolescent girls in your community, please share: